

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002322

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

383

Primary Registration District No.

5655

Registrar's No.

210

FILED FEB 13 1963

1. PLACE OF DEATH

a. COUNTY

Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Mt. Vernon

Length of stay in 1b

17 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Mo. State Sanatorium

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Christian

c. CITY

OR TOWN Ozark, Route #2

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

4 Miles North of Ozark

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Vesta

Middle

Mae

Last

Johnson

4. DATE OF DEATH

Month

February 4, 1963

Day

Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-12-85

9. AGE (last birthday)

78

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Gravity, Iowa

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

Elsworth Wilson

13b. MOTHER'S MAIDEN NAME

Etta Hixson

14. NAME OF HUSBAND OR WIFE

George M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Hospital records, Mo.S.S., Mt. Vernon, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a)

Severe pulmonary insufficiency

INTERVAL BETWEEN ONSET AND DEATH

5 years

DUE TO (b)

Pulmonary fibrosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

Bronchiectasis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic heart disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1-18-63

to 2-4-63

and last saw her alive on 2-4-63

Death occurred at

8:22 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or time)

J. Lewis Zlatos, M.D.

22b. ADDRESS

Mo. S. S., Mt. Vernon, Mo.

22c. DATE SIGNED

2-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/7/1963

23c. NAME OF CEMETERY OR CREMATORY

Hopedale Cemetery

23d. LOCATION (City, town, or county)

Ozark, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

J. Alan Harris,

Ozark, Missouri

25. DATE RECD. BY LOCAL REG.

2-7-63

26. REGISTRAR'S SIGNATURE

Ray E. Matheson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1 0550

2 0220

3

4 1

5 1

6

7 1

8 2

9 526X

10

11

12 93-0

13 5-0

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

FEB 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Harris

Licensed Embalmer No. 4390

P. O. Address Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.